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NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Supersedes Old C-104 and C-110
 Effective 1-1-65

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MAR 22 1979

I. Operator **ARCO Oil and Gas Company -**
Division of Atlantic Richfield Company

Address **P. O. Box 1710, Hobbs, New Mexico 88240**

Reason(s) for filing (Check proper box):
 New Well Recompletion Change in Ownership
 Change in Transporter of: Oil Casinghead Gas Dry Gas Condensate

Other (Please explain): **Change in Operator Name effective: 4-1-79**

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name **Empire Abo Unit "F"** Well No. **374** Pool Name, Including Formation **Empire Abo** Kind of Lease **State**

Location: Unit Letter **E**; **2525** Feet From The **North** Line and **520** Feet From The **West** Line of Section **35**, Township **17S** Range **28E**, NMPM, **Eddy** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
Amoco Pipeline Company Address (Give address to which approved copy of this form is to be sent) **2300 Continental National Bank Bldg. Ft. Worth, Texas 76102**

Name of Authorized Transporter of Casinghead Gas or Dry Gas
Amoco Production Company Address (Give address to which approved copy of this form is to be sent) **P.O. Drawer A, Levelland, Texas 79336**
Phillips Petroleum Company **4001 Penbrook, Odessa, Texas 79760**

If well produces oil or liquids, give location of tanks. Unit **P** Sec. **26** Twp. **17** Rge. **28** Is gas actually connected? **Yes** When **AMOPPP 2-3-79**

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

| | | | | | | | | |
|--------------------------------------|-----------------------------|-----------------|--------------|----------|--------|-----------|-------------------|--------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| No Change | | | | | | | | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | | | |
| Pool | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | | | | | |
| Perforations | | | | | | | Depth Casing Shoe | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | | |
| | | | | | | | | |
| | | | | | | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

| | | | |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| No Change | | | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF |

GAS WELL

| | | | |
|----------------------------------|-----------------|-----------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) | Tubing Pressure | Casing Pressure | Choke Size |

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

George V. Parks
 District Prod & Drig Supt.
 7-13-79
 (Signature) (Title) (Date)

OIL CONSERVATION COMMISSION

APPROVED APR 7 1979, 19
 BY *W.A. Gessert*
 TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for allowable on new and recompleted wells.
 Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.